



XAVIER

UNIVERSITY of LOUISIANA

Office of Student Financial Aid and Scholarships

Name:	Student Number:	Job Title:
Department:	Cost Center:	Supervisor:
Rate of Pay: \$	Maximum Hours Allocated:	Remaining Allocated Hours:
Amount Awarded: \$	Week Beginning:	Week Ending:

- Students are required to take a 1 hour off the clock break after 6 consecutive hours
- Students are not to exceed 20 hours per week

Date:	In:	Out:	In:	Out:	Total Hours
Total Hours	*****	*****	*****	*****	

* I hereby certify that the above is a true statement of the hours worked by this student, and that this student performed his/ her duties satisfactory. I (student/supervisor) certify that no hours worked in excess of the work-study award or contract amount will be paid by the Federal Work Study funds.

Student Signature

Date

Supervisor Signature

Date